



Sandy Parks & Recreation

2005 Spring Soccer

Player/Parent Registration Form

OFFICE USE ONLY

Receipt # _____
Amount Paid _____
Date Paid _____
Received by _____
Late Fee _____ Family Discount _____

Please be accurate and complete filling out this form. Failure to do so may cause serious inconvenience or injury.

Player's Name: _____ ' Male ' Female
(First name) (Last name) (Middle Initial)

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ School Attending: _____

Elementary school area player resides in: _____

Father or Guardian _____ Phone (H) _____ (W/C) _____

Mother or Guardian _____ Phone (H) _____ (W/C) _____

Player would like to be on same team as: _____

' If necessary, can we move your child to the alternative day/location to accommodate your request? YES / NO

Program Cost: U5/U6 - \$40.00 U7/U8 - \$44.00 U10-U14 - \$48.00

Players wishing to play together must register together, otherwise requests will be considered but not guaranteed!

Find your correct age group/gender then put in your preference for game location.

U5 Boys

Flat Iron (Sat) _____

Lone Peak Park (Wed) _____

U5 Girls

Flat Iron (Sat) _____

Lone Peak Park (Mon) _____

U6 Boys

Eastridge/L.P (Sat) _____

Lone Peak Park (Thur) _____

U6 Girls

Lone Peak Park (Sat) _____

Lone Peak Park (Tues) _____

U7 Boys

Flat Iron (Sat) _____

Lone Peak Park (Wed) _____

U7 Girls

Flat Iron (Sat) _____

Lone Peak Park (Mon) _____

U8 Boys

Eastridge/L.P (Sat) _____

Lone Peak Park (Thur) _____

U8 Girls

Lone Peak Park (Sat) _____

Lone Peak Park (Tues) _____

U10 Boys

Lone Peak Park (Sat) _____

Lone Peak Park (Mon) _____

U10 Girls

Lone Peak Park (Sat) _____

Lone Peak Park (Tues) _____

U12 Boys

Falcon Park (Sat) _____

U12 Girls

Falcon Park (Sat) _____

U14 Boys

Lone Peak Park (Sat) _____

U14 Girls

Flat Iron (Sat) _____

* Game day & location may change pending registration numbers

L Standard shirt sizing will be ordered for each age.
(All registrations will receive a full uniform in the spring)

L Refunds - \$10.00 is non-refundable
No refund after 1st Game

Make a successful program by volunteering for: (please check)

' Coach: _____ ' Assistant Coach: _____ ' Team Parent: _____
(Name) (Name) (Name)

Email address (Coach and Assistant Coach only) _____
(Please print)

Parent/Guardian Signature _____ Date _____

~Please sign consent form below~

**SANDY CITY SOCCER PROGRAM
INFORMED CONSENT AND AUTHORIZATION**

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/ activity described below.

Program / Activity Description

The Sandy City Soccer Program runs from April 2 - June 11, 2005 and utilizes Sandy City fields. Games are played on some weeknight and Saturdays. Participation in the Soccer program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks and may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

Insurance

I understand that in order for my child to participate in the program/activity described above, I am ***required*** to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier: _____ Policy / Id. No.: _____
(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child participation in the above-referenced program/activity.

Name of Child _____ Age: _____

Dated this _____ day of _____, 2005.

Restrictions on Player's participation (medical etc.) _____

Name of Parent
or Legal Guardian: _____ Signature _____

(Please print)

Parent Address: _____

Home Phone : _____ WorkPhone: _____ Cell Phone: _____

Person to Contact in case of emergency: _____ Phone No. _____

(Please Print)

~Please fill out and sign registration form above ~